

<i>SERFF Tracking Number:</i>	<i>META-125595743</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38677</i>
<i>Company Tracking Number:</i>	<i>I08-19</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>I08-19 Home Care Profession Flyer/I08-19</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual Long-Term Care SERFF Tr Num: META-125595743 State: ArkansasLH

Insurance Advertising

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 38677

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: I08-19

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Harris Shearer

Authors: Mary Rinaldi, Cherise
Crittenden

Disposition Date: 07/23/2008

Date Submitted: 04/08/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: I08-19 Home Care Profession Flyer

Project Number: I08-19

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/23/2008

State Status Changed: 07/23/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: Filing No. I08-19

Metropolitan Life Insurance Company ("MetLife")

Individual Long-Term Care Insurance Advertising

NAIC Company No. 65978 - FEIN 13-5581829

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Dear Sir/Madam:

SERFF Tracking Number: META-125595743 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38677
Company Tracking Number: I08-19
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance Advertising
Project Name/Number: I08-19 Home Care Profession Flyer/I08-19

We enclose for filing electronic copies of the Individual long-term care advertising material described below. The material is intended for use with the following approved Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and LTC2007 AR approved on August 17, 2007.

The advertising material is new and does not replace any materials previously filed with your Department.

Advertising Form Number Brief Description of Institutional Advertising Material
ADF#1854.08 Home Care Profession Flyer

Variable material will be modified in accordance with the enclosed Explanation of Variables.

The NAIC form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,
Mary J. Rinaldi
Consultant-Compliance Marketing/AD

Company and Contact

Filing Contact Information

Cherise Crittenden, Consultant-Compliance cccrittenden@metlife.com
MKTG
57 Green Farms Road (203) 221-6594 [Phone]
Westport, CT 06880

Filing Company Information

Metropolitan Life Insurance Company. CoCode: 65978 State of Domicile: New York

SERFF Tracking Number: META-125595743 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38677
Company Tracking Number: I08-19
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance Advertising
Project Name/Number: I08-19 Home Care Profession Flyer/I08-19

1MetLife Plaza Group Code: -99 Company Type: Life
Long Island City, NY 11101-4015 Group Name: State ID Number:
(111) 111-1111 ext. [Phone] FEIN Number: 13-5581829

SERFF Tracking Number:	META-125595743	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38677
Company Tracking Number:	I08-19		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long-Term Care Insurance Advertising		
Project Name/Number:	I08-19 Home Care Profession Flyer/I08-19		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	1 Advertising Piece
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$0.00	04/08/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000908727	\$25.00	03/27/2008

SERFF Tracking Number:	META-125595743	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38677
Company Tracking Number:	I08-19		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long-Term Care Insurance Advertising		
Project Name/Number:	I08-19 Home Care Profession Flyer/I08-19		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/23/2008	07/23/2008

<i>SERFF Tracking Number:</i>	<i>META-125595743</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38677</i>
<i>Company Tracking Number:</i>	<i>I08-19</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>I08-19 Home Care Profession Flyer/I08-19</i>		

Disposition

Disposition Date: 07/23/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	META-125595743	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38677
Company Tracking Number:	I08-19		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long-Term Care Insurance Advertising		
Project Name/Number:	I08-19 Home Care Profession Flyer/I08-19		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Filed-Closed	Yes
Supporting Document	NAIC Form	Filed-Closed	Yes
Form	Home Care Profession Flyer	Filed-Closed	Yes
Form	EOV_Home Care Profession Flyer	Filed-Closed	Yes

SERFF Tracking Number: META-125595743 State: Arkansas

Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38677

Company Tracking Number: I08-19

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: Individual Long-Term Care Insurance Advertising

Project Name/Number: I08-19 Home Care Profession Flyer/I08-19

Form Schedule

Lead Form Number: ADF#1854.08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	ADF#1854.08	Advertising	Home Care Profession Flyer	Initial			ADF#1854.08 Home Care Profession Flyer.pdf
Filed-Closed	ADF#1854.08	Other	EOV_Home Care Profession Flyer	Initial			EOV_1854.08.pdf

Multi-Life Discount Program

Strategic Advantages for Home Care Companies



MetLife®



With qualified care providers in high demand, MetLife's LTCI Multi-Life Discount Program is the answer for home care companies seeking to offer a flexible and competitive benefits program that's both good for employees and good for the company.

It can be difficult to find a benefit that provides flexible coverage, discounted rates, reduced underwriting, and the tax advantages home care companies seek.

MetLife's Multi-Life Program can offer all this with as few as **three lives**.

Top Reasons Why Home Care Companies Are Choosing MetLife's LTCI Multi-Life Discount Program

1. Reduced Underwriting and Discounted Premiums

- Those eligible are able to apply with fewer health questions than if they were applying on their own. With as few as 5 health questions, applicants may be eligible for coverage.
- Applicants receiving coverage through their employer will receive a 5% or 10% Multi-Life discount. This is in addition to all other discounts that participants may be eligible to receive.
- Spouses and qualified family members are also eligible for coverage, as well as for the Multi-Life discounts, which can add up to a total savings of 45% in premium discounts.*

2. Flexible Contribution

- MetLife's LTCI Multi-Life Discount Program can be offered as an employer-paid benefit, an employee-paid voluntary benefit, or as a combination of both.
- Executive Carve Out – "Employer-paid" program for a select group of employees (e.g., all owners) while offering long-term care insurance as a voluntary benefit to other employees.
- Plans can be fully voluntary or employer can contribute up to 100% of premium and vary by class of employees, such as owners.

3. Important Tax Benefits

- Under certain Internal Revenue Code sections, such as Section 7702B, premiums for tax-qualified long-term care insurance policies paid by your company may be 100% tax deductible as a business expense.
- Benefits paid under a tax-qualified long term care insurance policy generally are non-taxable to employees.**

4. Comprehensive Product Offering

- MetLife has a policy that can best meet the needs of your owners or employees at every life stage.
- This flexibility allows each participant to apply for coverage that may best suit their current and future needs.

MetLife Long-Term Care Insurance enables owners and employees to help protect the retirement savings that they've worked so hard to build.

*Discounts may vary by state. In New Jersey and New York maximum discount is 35%.

**Benefits from policies which pay a predetermined amount each day are not included in income except amounts that exceed the beneficiary's total qualified long-term care expenses for the period for which benefits are determined, or limitations prescribed by the Internal Revenue Code, whichever is greater; less reimbursement for the long-term care expenses for the period from all other sources including Medicare.

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") individual Long-Term Care ("LTC") Insurance coverage is offered by policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC, LTC2007, in some states, these identifiers may be followed by the state's 2-letter abbreviation; "ML" for Multi-Life; and/or "P" for Partnership policies.

MetLife's LTC Insurance policies are guaranteed renewable and, like most LTC insurance policies, cannot be cancelled due to an increase in your age or a change in your health. Premium rates can be raised as the result of a rate increase made on a class-basis. Like most LTC Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. Ask about complete costs and details.

Pursuant to IRS Circular 230, MetLife is providing you with the following notification: The information contained in this flyer is not intended to (and cannot) be used by anyone to avoid IRS penalties. This flyer supports the promotion and marketing of this long-term care insurance product. You should seek advice based on your particular circumstances from an independent tax advisor.

Neither MetLife nor its representatives or agents are permitted to give legal or tax advice. Any discussion of taxes included in or related to this article is for general informational purposes only. Such discussion does not purport to be complete or to cover every situation. Current tax law is subject to interpretation and legislative change. Tax results and the appropriateness of any product for any specific taxpayer vary depending on the taxpayer's particular set of facts and circumstances. You should consult with and rely on your own independent legal and tax advisors regarding your particular set of facts and circumstances.

• Not A Deposit Or Other Obligation Of Bank • Not FDIC-Insured • Not Insured By Any Federal Government Agency • Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company

MetLife®

Metropolitan Life Insurance Company

0801-7034 ORDER NUMBER LTC04608(0308)
L03083484(exp0409)

© 2008 METLIFE, INC. PEANUTS © United Feature Syndicate, Inc.



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

Home Care Profession Flyer ADF#1854.08

There is only specified variable material set forth in this piece (no illustrative material)

Specified Variable Material

Specific variable material will be changed only as indicated in the explanation set forth below.

Section

Explanation

Bottom of Page 2	The Bank Bullets (FDIC) are bracketed because this piece will be used by two distribution channels. One of which requires that the Bank Bullets appear and one that does not use them at all.
---------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<i>SERFF Tracking Number:</i>	<i>META-125595743</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38677</i>
<i>Company Tracking Number:</i>	<i>I08-19</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>I08-19 Home Care Profession Flyer/I08-19</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125595743 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38677
Company Tracking Number: I08-19
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance Advertising
Project Name/Number: I08-19 Home Care Profession Flyer/I08-19

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Cover Letter	Filed-Closed	07/23/2008
Comments:			
Attachment:			
AR_I_Filing Letter .pdf			

		Review Status:	
Satisfied -Name:	NAIC Form	Filed-Closed	07/23/2008
Comments:			
Attachment:			
AR _ NAIC_Individual.pdf			

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-3859 Fax 203 221-6573
Mrinaldi@metlife.com

MetLife®

Mary J. Rinaldi
Long-Term Care

April 8, 2008

Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Filing No. I08-19
Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
NAIC Company No. 65978 - FEIN 13-5581829

Dear Sir/Madam:

We enclose for filing electronic copies of the Individual long-term care advertising material described below. The material is intended for use with the following approved Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and LTC2007 AR approved on August 17, 2007.

The advertising material is new and does not replace any materials previously filed with your Department.

Advertising Form Number	Brief Description of Institutional Advertising Material
ADF#1854.08	Home Care Profession Flyer

Variable material will be modified in accordance with the enclosed Explanation of Variables.

The NAIC form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Mary J. Rinaldi
Consultant-Compliance Marketing/AD

Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

1.	Prepared for the State of	ARKANSAS					
-----------	----------------------------------	-----------------	--	--	--	--	--

2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859	203.221.6573	mrinaldi@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
-----------	------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--

6.	Company Tracking Number: I08-19		Advertising Form(s): ADF#1854.08	
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #			

8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
		Group	

9.	Type of Insurance	LTC031 Individual Long-Term Care Insurance		
10.	Product Coding Matrix Matix Filing Code	LTC031.001 - Qualified		

11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	April 8, 2008
13.	Filing Fee (If required)	Amount \$25.00 . _____ Check Date March 27, 2008 Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number 000908727
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description:	INDIVIDUAL LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S)
	PLEASE SEE COVER LETTER	

View Complete Filing Description

16.	Certification (If required)	
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u>		
Print Name <u>Mary J. Rinaldi</u>		Title: <u>Consultant-Compliance/Marketing/AD</u>
Original Signature <u><i>Mary J. Rinaldi</i></u>		Date <u>April 8, 2008</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		I08-19
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	Home Care Profession Flyer	ADF#1854.08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1